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***Executive Competencies and Skills Required by United States
Coast Guard Health Care Administrators***

A graduate management project submitted to the Program Director
in candidacy for the degree of Masters in Health Care
Administration

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Abstract

This research identifies the most important domains in Coast Guard health care administration. It further delineates the Skills, Knowledge and Abilities (SKAs) required to be successful in today's environment and for the next five years. This paper reports the results from a Delphi study conducted among Coast Guard health care administrators and Commanding Officers of units with large medical facilities. The Delphi study was conducted in two iterations and resulted in 101 specific SKAs being identified. These SKAs fell into 15 rank ordered domains which were; Managed Care, Cost/Finance, Personnel, Technology, Leadership, Education, Business, Strategic Management, Quality, Healthcare Delivery, Readiness, Access, Professional Staff Relations, Marketing and Ethics. Analysis of the results indicates that leadership skills are key elements while an advanced education is seen as less important. A detailed description of the study is included and the implications of the findings are discussed as they pertain to the United States Coast Guard as well as the Department of Defense.

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INTRODUCTION

In response to the Congressional Defense Appropriation Act of 1992, U.S. Army-Baylor University began a series of research projects designed to determine the skills, knowledge, and abilities (SKA) required of health care executives of the future. The first project conducted was a survey of Fellows of the American College of Healthcare Executives (Hudak, Brooke, Finstuen, and Riley, 1993). It was published in the Summer edition of Hospital & Health Services Administration and subsequently presented at the Faculty Research Colloquium, San Antonio, TX.

Nine additional published papers and nine presentations from the faculty, staff and students of U.S. Army-Baylor University, have continued to add to this body of research. Military, public and professional organizations, spanning four years, from 1994 through 1998 have been recipients of this information. The tables below provide a chronology of the publications in professional journals (Table 1) and the presentations at professional conferences (Table 2).

Year	Publications in Professional Journals
1994	<i>FORECAST 2000: A Prediction of Skills, Knowledge, and Abilities Required by Senior Medical Treatment Facility Leaders into the 21st Century - Military Medicine</i> , July 94
1995	<i>ENVISION 2000: A Forecast of the Issues and Associated Competencies Required by Federal Nurse Executives into the 21st Century - Defense Technical Information Center</i> , May 95
1996	<i>Medical Service Corps Vision 21: Behavior for Career Success in the 21st Century - Defense Technical Information Center</i> , Jun 96
1996	<i>A Needs Analysis for Department of Defense Medical Executive Skills Competencies - Fellowship Paper</i> , LCDR Mamot, MSC, USN
1997	<i>Management Competencies for Medical Practice Executives: Skills, Knowledge, and Abilities Required for the Future - Journal of Health Administration Education</i> , Fall 97
1997	<i>Vision 21 Delphi Panel: Senior Army Medical Service Corps Officers' Vision of Behaviors for Success of Future Medical Service Corps Officers - Military Medicine</i> , Jul 97
1998	<i>Executive Skills 21: A Forecast of Leadership Skills and Associated Competencies Required by Naval Hospital Administrators into the 21st Century - Military Medicine</i> , Jan 98
1998	<i>Senior Executive Behaviors for the Army Dental Care System of the 21st Century - Military Medicine</i> , Jun 98
1998	<i>Physician Executives: Management Competencies Required in Ambulatory Care Settings - The Physician Executive</i> , accepted Dec 97

Table 1

Year	Presentations at Professional Conferences
1995	Federal Nurses Annual Meeting, Las Vegas, NV
1996	9 th Annual Army-Baylor University Research Conference, San Antonio, TX
1996	38 th Annual Conference International Military Testing Association, San Antonio, TX
1996	70 th Annual Medical Group Management Association Conference, Minneapolis, MN
1996	10 th Annual Army-Baylor University Research Conference, San Antonio, TX
1997	Medical Group Management Association Quarterly Executive Meeting, Denver, CO
1997	71 st Annual Medical Group Management Association Conference, Washington, DC
1997	11 th Annual Army-Baylor University Research Conference, San Antonio, TX
1998	Annual U.S. Army-Baylor University Preceptor Conference, San Antonio, TX

Table 2

This Graduate Management Project is a Coast Guard specific direct tie-in to the ongoing "Executive Competencies in Health Care Professions" research being conducted by U.S. Army-Baylor University.

Including the executive competencies and skills required by Coast Guard health care administrators adds to this body of

knowledge, further rounds out the U.S. Army-Baylor initiative and highlights the unique characteristics of the Coast Guard. This is critically important as the military services move closer to a unified medical service and endeavor to operate within the constraints of the managed care environment.

CONDITIONS WHICH PROMPTED THE STUDY

In reviewing the U.S. Army-Baylor University executive competencies body of research, it became apparent that a study of the SKAs required of Coast Guard health care administrators was absent. Several Army and one Navy specific study have been researched; however, the U.S. Coast Guard, a small service under the auspices of the Department of Transportation (DOT), has not.

A basic understanding of the unique aspects of the Coast Guard and the Coast Guard medical system is necessary to fully appreciate why this study is singular and contributes to this important overall body of knowledge.

The United States Coast Guard was officially established by Congress in 1790, although its roots can be traced back to 1716, to promote the general welfare and to; promote safe and efficient marine transportation, promote the collection of national revenues, promote measures to enhance national security, and promote the preservation of life and property following maritime incidents (Bennett, 1987; Halberstadt, 1987)

Being housed under the DOT allows the U.S. Coast Guard law enforcement capabilities. This is prohibited to the Department of Defense (DOD) by the Constitution. The United States Coast

Guard is the smallest of the five Armed Services and is the Nations' oldest continuous sea going Service.

Serving in all of the Nations' armed conflicts, and through skillful execution of its widely varied assigned missions, the Coast Guard has distinguished itself over the last 208 years. It is recognized around the world as a premier maritime service. This global recognition, in conjunction with its current multitude of assigned missions, takes the Coast Guard into harms' way on a daily basis, and into remote and often arduous environments.

Today, in support of Coast Guard missions, DOD operations, and national interests, the Coast Guard operates small, fixed, shore-based, and ship-based medical and/or dental facilities. These facilities are primarily located within the continental United States and are usually located in conjunction with larger Coast Guard units. Geographic placement of these units is often due to the demands of search and rescue proximity and law enforcement considerations. These factors frequently place units in sparsely populated areas with limited or no access to DOD health care facilities. Small geographically separated units, therefore, must rely on contracted civilian medical care. In response to the medical needs of its members, and mission requirements, the Coast Guard established a medical department which is officially referred to as the Office of Health and Safety.

In today's managed care environment, with ever increasing financial instability, legal and regulatory issues, and

organizational volatility, the Coast Guard medical department, like its DOD and civilian counterparts must adapt in order to remain a viable business enterprise (Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Trounson, 1997; Hudak, Brooke, Finstuen & Riley, 1993; Sentell & Finstuen, 1998; McCorcle & Heet, 1997; Dewey, 1994). This imperative to adapt is complicated by the Coast Guards' organizational structure and in particular by its lack of a corps specific medical service. Unlike the "Tri Services" (Army, Navy and Air Force), most Coast Guard Officers are considered to be "Line Officers" (although specialization is encouraged) and are therefore subject to a widely varying assignment pattern. For example, in almost 10 years as a Coast Guard Officer, this student has been assigned to the following duties: Congressional Staff Investigator, Commanding Officer of a Long Range Aids to Navigation Station which also served as a NATO base, Clinic Administrator, Multi-National Operations Officer enforcing United Nations sanctions against Iraq and Somalia, and Executive Officer of a Military Processing Station. Others tell a similar story of diverse career assignments. According to The Coast Guard Officer Career Development Guidebook "It is neither recommended nor desirable for you to spend an entire Coast Guard career in a single specialty. To be successful you must understand a broad range of Coast Guard Policy and management." (undated, P. 4-4)

This varied career pattern shows a striking difference between Coast Guard Officers assigned to health care administration duties and those Officers within the Medical

Service Corps of the DOD. Another major disparity is that the Coast Guard obtains its entire professional medical/dental staff from the U.S. Public Health Service via an inter-agency agreement. These differences are the primary conditions which prompted this study and are further supplemented by the inherent variance in missions between the DOD and Coast Guard.

STATEMENT OF THE PROBLEM OR QUESTION

The United States Coast Guard is a singularly distinct Armed Service that operates its own medical department. While not part of the DOD, the Coast Guard remains entitled to use DOD health care facilities and is highly dependent upon them. In recognition of this, the Coast Guard has recently began assigning health care administration liaison officers to six DOD Health Service Region (TRICARE) offices and two DOD health care administration billets. Additionally, the Coast Guard has 10 "in-house" health care administration designated officer billets and one civilian position. These positions are listed in Appendix A. Supplementing the line officers are 73 Public Health Service officers with administrative duties (Appendix B), 11 medical administration Warrant Officers (Appendix C), 13 designated enlisted clinic administrators and 14 designated enlisted clinic supervisors (assistant administrators) (Appendix D).

The Coast Guards' dependence on the DOD health system is far from being unilateral. DOD forces, dependents and retirees are frequently seen by Coast Guard medical/dental facilities

throughout the United States. Additionally, the DOD and several other governmental agencies depend on the search and rescue, and medical evacuation services of the Coast Guard.

These factors, when combined with the ever-pressing demands of managed care, necessitate that the Coast Guard be highly skilled in the field of health care administration. To obtain or maintain this competency one must first know what SKAs are required. To date, the Coast Guard has made only one attempt to formally examine this issue. This unpublished study resulted in no discernable system changes and thus assignments to health care billets are currently made with or under a loosely defined set of parameters. These parameters potentially change with every assignment officer or program manager reassignment. This haphazard method has occasionally resulted in the assignment of officers with no medical or health care administration experience to health care administration billets. This potential for unqualified personnel filling skill specific assignments is a major problem for both the Coast Guard and DOD health care systems and cannot be ignored.

LITERATURE REVIEW

A review of current literature encompassing the general subject of executive competencies and skills resulted in a wide variety of topics, opinions and methods of examination. A health care administration specific search resulted in few current published articles. These works (general and specific) covered the spectrum from what can be classified as opinion papers to those qualifying as formal research. Of significance

is that the U.S. Army-Baylors' stream of published papers comprises the vast majority of current literature on this issue.

Considering the non-U.S. Army-Baylor literature first, the overwhelming theme is that managers must be able to adapt to uncertainty and the changing environment (Dewey, 1994; Greene, 1997; Crow & Hartman, 1996; Fazzi, 1997; McCorcle & Heet, 1997; Reinertsen, 1995; Nilson, 1998; Battistella & Weil, 1996). Battistella & Weil sum up the necessity for change well in their article titled The New Management Competencies: A Global Perspective: "New managerial competencies will be required by the paradigm shift away from simply delivering quality health services to tighter cost containment efforts." (1996, P. 21)

From a historical perspective, the issue of competence can be traced back to the personality theorist R. W. White. This was later expounded upon by David McClelland in his "competency movement". (McCorcle & Heet, 1997) Competency, is a fluid concept. It is loosely, if ever, defined in the general literature and subject to great variation. Knowledge, skills, abilities, traits and behaviors, however, are discussed frequently in the literature (McCorcle & Heet, 1997; Reinertsen, 1995; Nilson, 1998; Fazzi, 1997; Dewey, 1994; Crow & Hartman, 1996; Greene, 1997; Battistella & Weil, 1996; Lando, 1998; Barker, Pearce & Johnson, 1995; Carr, 1994; Kekki, 1994)

Reoccurring themes derived from the general literature include: Being able to forecast the future (Fazzi, 1997; McCorcle & Heet, 1997; Dewey, 1994; Greene, 1997; Reinertsen, 1995); Development of specific traits (listing, communication...)

(Barker, Pearce & Johnson, 1995; Kekki, 1994; Carr, 1994; Fazzi, 1997; Reinertsen, 1995; Nilson, 1998); Information technology (Fazzi, 1997; Greene, 1997; Lando, 1998); and Political astuteness (Crow & Hartman, 1996; Greene, 1997; Reinertsen, 1995).

Turning to the U.S. Army-Baylor University published research, these military based findings serve to validate the "non-military" research and identify military specific issues. This body of literature is clearly divided into two distinct foci.

The first, consisting of two scientific papers and one informational publication, relate to personal and interpersonal behaviors deemed essential for successful Army Medical Corps Officers. The identified behaviors varied little between the studied groups (Medical Service Corps and Dental Officers) with statistically significant results ($p < 0.001$) in all categories, with the exception of honesty in one and integrity in the other. Two researchers, Finstuen and Mangelsdorff co-authored on both of the scientific papers as well as the informational publication, lending consistency to the research (Rogers, Beaty, Hagen, Thieschafer, Mangelsdorff, Finstuen, Zucker & Twist, 1996; Wineman, Mangelsdorff & Finstuen, 1998; Mangelsdorff, Rogers, Zucker, Thieschafer, Hagen & Finstuen, 1997).

The second foci of the U.S. Army-Baylor research deals primarily with aspects of managing the health care environment. Identified key issues within the health care administration domain include; Cost/Finance, Leadership, Professional Staff,

Health Care Delivery, Accessibility, Ethics, Quality/Risk Management, Technology and Marketing (Sentell & Finstuen, 1998; Hudak, Brooke, Finstuen & Riley, 1993; Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Trounson, 1997). According to Hudak, Brooke, Finstuen & Trounson in Management Competencies for Medical Practice Executives: Skills, Knowledge and Abilities Required for the Future:

The critical importance of business-related functional skills and analytic abilities to contemporary health services management is indisputable. However, there is strong evidence of increasing concern among practitioners and the academic community that an exclusive focus on the calculative rationality of quantitative analysis and the 'bottom line' may not adequately prepare graduates either conceptually or technically for the visionary, adaptive, and collaborative team-building requirements of the increasingly complex organizational and multi-professional arrangements they will face. (1997, P. 222)

Based on these findings, the empirical evidence indicates a need for continued research in this area, with a broadened scope, and with a specific focus on the interpersonal skills required to be successful (Sentell & Finstuen, 1998; Hudak, Brooke, Finstuen & Trounson, 1997; Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen, & Riley, 1993).

All of the scientific research conducted by U.S. Army-Baylor University utilized the Delphi Technique to obtain group consensus. The average initial sample size of six of the

studies was 137 panel members. Respondents to the first round of the technique averaged 74, yielding an average return rate of 54%. Results were tabulated using standard word processing databases to identify key phrases, which were then validated by an expert panel. In each of these studies, hundreds of SKAs or behaviors were identified by the respondents which were then sorted and grouped by the expert panel. Additionally, the expert panel had to account for duplicate items and respondent verbiage with multiple meanings or interpretations. Emphasis on financial and technical skills in conjunction with interpersonal and communication skills were found to be most important (Sentell & Finstuen, 1998).

Finally, a large body of literature exists with regard to the usage of the Delphi Technique for this type of research. Although this method has evolved over the past four decades, the foundations of the technique remain intact while its application has broadened (McKenna, 1994; Crips, Pelletier, Duffield, Adams & Nagy, 1997). Descriptions of the technique are consistent among the literature. One noted difference between the design of this research project and some of those described in the current literature is the use of a "10 point or Likert scale" (Jairath & Weinstein, 1994; Williams & Webb, 1994). For consistency with the U.S. Army-Baylor research stream, a seven-point scale was utilized and is discussed further in the methods section of this project. Key issues identified in the literature include the concept/definition of consensus, anonymity, response and attrition rates, and reliability and

validity. Although there is some disagreement regarding the usefulness of the Delphi technique, the general consensus is that it is a good tool for determining, predicting and exploring group attitudes, needs and priorities.

In light of the Coast Guards' position within the national defense strategy, and its associated medical requirements, a need to identify Coast Guard specific health care administration SKAs is imperative. This study identifies those SKAs and adds them to this growing body of research while specifically aiding the Coast Guard and its health care administrators. Additionally, it may be used to tailor educational programs to the specific needs of Coast Guard administrators.

PURPOSE (VARIABLES/WORKING HYPOTHESIS)

The purpose of this research was to determine the SKAs required by Coast Guard health care administrators. Using the Delphi technique, group consensus of a panel of Coast Guard health care administrators was achieved which identified the relevant Coast Guard health care administration domains and their associated SKAs.

The variables in this project (not inclusive) are listed below:

- (a) Respondent panel make-up (PHS, Line, Warrant, Enlisted, CO/XO). Although these panelists are performing essentially the same topical function their backgrounds and scope differed.
- (b) Geographic location. Some of these respondents were in mature TRICARE Regions with well-developed health

care networks while others were in rural, limited health care areas.

- (c) Response level. Typically in these types of research the response rate is problematic (low return). This can be confounded by the operational tempo of the responding unit.
- (d) Interpretation. Minimization of interpretation by the expert panel was required and monitored by the researcher.

In this project the researcher attempted to identify any additional variables and analyze them for their significance and impact upon this research. Factoring for co-variants (respondent panel make-up) was not considered necessary. Understanding the small scale of the Coast Guard, and the relative populations of the various components of the respondent panel, approaching this research from a strict population standpoint would have resulted in a narrow focus that would further tend to divide and isolate these populations. The goal of the Coast Guard health care administration program is to be a unified program delivering the highest quality, readily accessible and cost effective care across the broad spectrum of the Coast Guard. This goal is the exact reason that an understanding of the SKAs across the spectrum is necessary for success at all levels within the Coast Guard health care administration program.

The working hypothesis of this research project was that, health care administration domains and SKAs identified for Coast

Guard health care administrators will closely parallel those of their DOD counterparts. Minor differences were expected due to the size and scope of the Coast Guard and its dependence upon the DOD health care system for a substantial portion of its health care delivery and financing (TRICARE).

METHOD AND PROCEDURES

The Delphi technique developed by the RAND Corporation (Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Trounson, 1997; Hudak, Brooke, Finstuen and Riley, 1993; Sentell & Finstuen, 1998; Mangelsdorff, Rogers, Zucker, Thieschafer, Hagen & Finstuen, 1997; Crisp, Pelletier, Duffield, Adams & Nagy, 1997; Williams, & Webb, 1994) and used in many of the prior studies conducted by U.S. Army-Baylor University was utilized to conduct this project. This technique is used to determine, predict and explore group attitudes, needs and priorities (Jairath & Weinstein, 1994). Additionally, the technique is seen as a way to obtain the most reliable consensus of opinion of a group of experts, by a series of intensive questionnaires interspersed with controlled feedback (McKenna, 1993). For consistency, this project followed these methodologies utilized in the previously conducted U.S. Army-Baylor University studies within this body of research.

Coast Guard and U.S. Public Health Service personnel assigned to Coast Guard and DOD health care administration duties were selected as study primary respondents. Commanding Officers of large Coast Guard units with medical facilities were

additionally selected as respondents to provide a "Command" perspective (Appendix E).

All respondent information was kept strictly confidential and neither directly nor indirectly tied to responses. A code list of respondents was kept in a secure location. Non-attribution and confidentiality was recognized as a critical element of this project and was stressed frequently to all participants.

RESULTS

Two iterations of the Delphi Technique took place. During the first round, participants (n=147) were provided information on the research and asked to identify the five most important issues that are facing Coast Guard health care administrators (Appendix F). Based upon these issues, participants were then asked to identify specific SKAs that they believe will be required to deal with those issues. Appendix F provides an copy of the instrument used by the participants. All correspondence related to this project was handled by official mail and in accordance with DOD/DOT regulations. Two weeks after the initial mailing the response rate was 4%. At this point a follow up letter was mailed to the respondents urging their participation (Appendix G). The option to respond via e-mail was made available and was found to be preferred by nine (13%) of the additional respondents. Of the 147 identified first round respondent mailings only one was returned as undeliverable leaving a sample size of 146. 67 of 146 responses were returned yielding an overall return rate of 46% for

Round One. This response rate is considered adequate for these types of studies and is consistent with the previous U.S. Army-Baylor studies.

All responses were tabulated using a standard word processing database (Appendix H) with 323 total issues identified by the respondents. To ensure validity, an expert panel selected at the residency site identified key phrases and themes. This expert panel consisted of six DOD healthcare administrators. The composition included five male military personnel representing Marketing, Clinical Operations, Information Systems, Utilization Management, and Managed Care Operations and a female civilian employee who directs the DOD Breast Cancer Initiative. The mean age of the expert panel was 42.17 (SD 9.39) years with 13.17 (SD 6.85) years of healthcare experience and 5.50 (SD 4.42) years of healthcare administration experience. Collectively this panel holds five Masters degrees and one Bachelor degree. Additionally, four (67%) out of the six belonged to healthcare or management professional organizations. The frequencies of responses were then recorded and rank ordered by this panel. Fifteen unique domains were identified with 20 SKAs falling into multiple domains. To standardize domain placement the expert panel elected to limit SKAs to a maximum of two domains.

The members of the expert panel were then asked to respond with regard to each identified and ranked key phrase and theme on a seven-point confidence scale. This scale ranged from seven being 'extremely confident' to one being 'extremely unconfident'

(Appendix I). The purpose of this instrument was to measure the groups' confidence with regard to their consensus and perceived accuracy of the tabulated results. Cronbach's Coefficient Alpha, a statistical technique, was utilized to assess the degree of overall agreement (inter-rater reliability). Cronbach's Alpha "is a model of internal consistency, based on the average inter-item correlation" (Statistical Package for the Social Sciences (SPSS) definition). Reliability was assessed with scores of (.8) or above indicating internal consistency and stable results. This method is congruent with the previous studies in this genre (Sentell & Finstuen, 1998; Hudak, Brooke & Finstuen, 1994; Hudak, Brooke, Finstuen & Riley, 1993; Mangelsdorff, Rogers, Zucker, Thieschafer, Hagen & Finstuen, 1997; Wineman, Mangelsdorff & Finstuen, 1998). Cronbach's alpha coefficients for this group ranged from a low of (.83) to a high of (1.0) and are displayed in Appendix I. Results of this process yielded the data required for conducting the second Delphi iteration.

During the second Delphi iteration participants were provided the tabulated data from the first round and asked to respond to a relative importance scale. This scale was a seven-point importance rating scale anchored at the margins with one equaling 'extremely unimportant' and seven being 'extremely important'. During this round, background and demographic data was collected on the respondents. A sample of the demographic data capture form, as well as other data from the second round, is included in Appendix J.

Of the 146 second round instruments sent out, 87 were returned yielding a response rate of 60%. No second round mailings were returned as undeliverable.

The average age of the respondents was 42.97 (SD 6.34) years with 18.06 (SD 7.25) years of healthcare experience and 7.98 (SD 6.27) years of reported healthcare administration experience. Eighty-one (93%) of the respondents were males and six (7%) were females. This group collectively holds 47 (54%) advanced degrees and 14 (16%) bachelor degrees. Membership in a healthcare or management professional organization was reported by 41 (47%) of the respondents.

The Likert scale data was tabulated utilizing SPSS (Appendix K), checked for input accuracy and then analyzed for missing variables. Results of this analysis revealed that question 20 had six (6.9%) missing responses and question 21 had five (5.7%) missing. A review of the second round instrument revealed that these questions were at the very top of the fourth page. Additionally, these questions were on the reverse side of the document and their placement was not consistent with the rest of the instrument. These factors are believed to account for some respondents failing to answer these questions as opposed to content ambiguity.

Rank ordering the tabulated data by Means (arithmetic average) in descending order was accomplished via SPSS. This rank ordering revealed the highest Mean equaling 6.4713 and the lowest being 4.4943 (7-point scale). Figure 1, in Appendix K,

graphically demonstrates the frequencies of the identified domains.

Based on the rankings, the top 10 (most important) and bottom 10 (least important) SKAs were identified. These SKAs are listed in Appendix L. On each of these lists, 11 SKAs are present. This dichotomy (10 vs 11) is due to SKAs with equal Means at the 7th and 97th positions.

In the top 10 SKAs, five domains appear with the Leadership domain occupying the top three positions and accounting for 36% of the total issues. Of the other domains making the top 10 list, the Managed Care domain represented 27%, Readiness equaled 18% and Cost/Finance and Professional Staff Relations collectively accounted for the remaining 19%.

With regard to the bottom 10 identified SKAs, the Marketing and Managed Care domains each accounted for 27% of the total issues. Personnel, Quality, Education and Business domains equally made this list and represented the remaining 46%. Of interest is the fact that of the 12 identified Managed Care domain SKAs, three appeared on each of these lists. Additionally, the Cost/Finance domain appeared once on each list. This variation indicates that degrees of relevance exist within domains and needs to be considered by those utilizing this research.

DISCUSSION

This study attempted to identify the SKAs broadly believed by current Coast Guard health care administrators as essential elements for success, now, and in the future. The project

additionally considered the SKAs Commanding Officers determined as essential of their health care administrators.

Key issues expected to be developed included financial management, information technology, leadership and strategic thinking. These issues, although not inclusive, are consistent with the current literature. Variation was expected between the results of the previous DOD studies, civilian studies and this Coast Guard study. These differences are expected to be primarily related to the fact that the Coast Guard does not operate any inpatient treatment facilities and functions on a much smaller scale than its DOD counterparts. This expectation is supported by Sentell and Finstuens' statement:

...the higher ranking of interpersonal/leadership and organizational issues, and the lower ranking of cost-finance and business issues compared with the private sector, is evidence of differences in environmental structure and organizational culture. This finding supports the need for military-specific research. (1998, P. 6)

The anticipated findings were borne out by the research. The structure and staffing of the Coast Guards' medical system played a significant role in differentiating this study from those previously conducted. Fifty percent of the respondents were Public Health Service Officers assigned to the Coast Guard, primarily physicians and dentists, serving in dual roles (provider and senior leadership/administrator). Eighteen percent were enlisted personnel in administrative positions. Ten percent were Commanding Officers with medical facilities.

The remaining twenty-two percent (Line and Warrant Officers) were what the DOD would traditionally consider as Medical Service Corps Officers.

This mix of personnel is singular to the Coast Guard and therefore results in a unique perspective. Compounding this perspective is the fact that a high percentage of the Public Health Service officers are only assigned to the Coast Guard for a relatively short period of time. Additionally, the Line officers typically serve for fewer than four years in a medical administration billet and the number of billets available to enlisted personnel is low in comparison to those potentially qualified to fill them.

When comparing this study to those that preceded it, a number of commonalties were apparent. One of the most striking pertains to the question related to the necessity of an advanced degree in healthcare administration. In Duperrior's (1995), Sentell's (1996), and this research, this question was ranked as one of the bottom 10 SKAs. No scientific conclusions can be drawn as to why based on the available data and the issue needs further research. This is however, a disturbing finding, especially when viewed in the context of the ever increasingly complex requirements of healthcare administration.

Conversely, the Leadership domain occupies the top 3 positions in this research and consistently ranks in the top 10 rated SKAs in both the civilian and military literature. The most commonly reoccurring theme in this vein is communication skills (oral, written and listening).

These commonalties suggest that while the Coast Guard is a unique entity with a very different staffing model, it is not that much different than its DOD counterparts. Capitalizing on this common ground provides a unique opportunity for resource sharing and obtaining efficiencies of scale. To this end, the DOD was given a Congressional directive in 1992 and in 1996 legislation created "The Joint Medical Executive Skills Development Program (JMESDP)" (Claypool, Kiley, Tibbits, Watkins, Jacoby, Baker & McCarthy, 1998). As a result of this program the "Virtual Military Health Institute (VMHI)" was created on June 29, 1998. The mission of the VMHI is two-fold:

- Prepares prospective health care management organization commanders, lead agents, and senior staff to meet the challenges of the rapidly changing environment.
- Serves as clearinghouse for executive skills education programs. (Virtual Military Health Institute, undated).

The major thrusts of VMHI are; Consolidation Initiatives, Course Evaluations, Gap Analysis, Evaluate Instructional Inventory, Inquiry/Research and Record Keeping. Based on these thrusts the VMHI has produced the following products.

- Identification of 40 administrative skill competencies necessary for successful command of an MTF.
- A core curriculum for use by curriculum planners and instructional designers that defines the behaviors expected in each of the competencies.
- The Capstone Course which addresses pre-command issues which will influence the success of a new commander

- A self-assessment tool to help officers determine how well they are prepared to perform the 40 executive skill competencies. This instrument will help in planning and formulation of goals that will guide career planning and educational decisions toward command levels. (Virtual Military Health Institute, undated).

One shortcoming from this researcher's perspective regarding the VMHI is the lack of non DOD representation on the JMESDP staff. This however, is not an indictment of the JMESDP nor the non DOD entities (Coast Guard, Public Health Service, Veterans Affairs) with medical programs. More so, it is interpreted as a reflection of the time when this organization was formed and its original charter. Otherwise, the VMHI while still in its infancy, is quickly becoming a valuable repository, resource and recognized leader in Executive Skills education.

CONCLUSIONS AND RECOMMENDATIONS

Although there are service specific issues, there are many commonalties with respect to this research and the previous DOD studies. This study adds to the current body of knowledge with regard to SKA's required of health care administrators and specifically identifies those SKA's required of Coast Guard health care administrators.

These identified SKA's are however a snap shot in time. The long-term relevance will have to be gauged periodically and will be influenced by a multitude of intervening variables. These variables will include such things as changing management

philosophies, political agendas, programmatic changes, and as always, and impact of budgetary concerns.

Coast Guard health care administrators can take solace in the knowledge that leadership skills are key and will likely remain highly relevant. Based on this observation, this researcher concludes that although the Coast Guard staffing model is diametrically opposed to the DOD model, it is successful. This success however is minimized by the rapid turn over of personnel and the concomitant loss of corporate knowledge. Nevertheless, utilization of this research can help alleviate the sharpness of the learning curve. The findings of this research can serve to focus perspective Coast Guard health care administrators on the key elements that will be required to be successful. Further, it will provide a road map of 101 rank ordered SKAs, which when mastered, will indicate a significant level of achievement. This research however does not suggest that other SKAs have no relevance.

Recommendations specific to this research include the following items. Programs such as the U.S. Army-Baylor University Masters in Health Care Administration, should have their curriculum committee review this and the associated research with an eye towards any need for change. Additional executive skills research should be conducted in areas such as the United States Air Force, the United States Public Health Service and the Department of Veterans Affairs. Further follow-up studies of previously conducted research would be interesting and helpful. These follow-ups would serve to provide an

indicator of change and further help guide curriculum development. Finally, this research should be included in the VMHI repository for future reference.

Coast Guard specific application of this research relates primarily to tailoring internal education and training programs for personnel assigned to health care administration duties as well as providing a template for self-improvement. Finally, these results could substantially assist assignment officers in selecting appropriate personnel to fill health care administration billets within the Coast Guard.

Note: The opinions expressed herein are strictly those of the authors and do not reflect the official policy or position of the Department of the Army, the Department of Defense, the Department of Transportation, the United States Coast Guard or the United States Government.

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APPENDIX A

Liaison Officers

Civilian Position

In-house Billets

Chief Med Admin Branch
USCG MLC Atlantic (KMA)
300 Main St. Tower
Norfolk, VA 23510

Chief Med Admin Branch
USCG MLC Pacific (KMA)
Coast Guard Island
Alameda, CA 94501

CG Liaison
TMA West
Aurora, CO

Clin Med & Wellness Prog. Div
USCG Headquarters (G-WKH)
2100 Second St. S.W.
Washington, DC 20593

Medical Admin - General
USCG TRACEN
Cape May, NJ 08204

Chief Health and Safety
USCG MLC Pacific (K)
Coast Guard Island
Alameda, CA 94501

Medical Administrator
USCG Academy Clinic
15 Mohegan Ave
New London, CT 06320-4195

Managed Care Project Officer
USCG MLC Pacific (KMA)
Coast Guard Island
Alameda, CA 94501

USCG Liaison
TRICARE Management Agency
Washington, DC 20301

Medical Admin Branch Duty
USCG MLC Atlantic (KMA)
300 Main St. Tower
Norfolk, VA 23510

Med. Admin (KMA)
USCG MLC Atlantic
300 Main St. S.W.
Norfolk, VA 23510

Clinic Administrator
USCG ISC Kodiak
P.O. Box 2
Kodiak, AK 99619

USCG Liaison
TRICARE
Fairfield CA

USCG Liaison
TRICARE Region 2
5425 Robin Hood Rd
Norfolk, VA 23513

USCG Liaison
TRICARE
Fort Lewis, WA

Clinic Administrator
USCG AVTRACEN
Mobile, AL 36608

USCG Liaison
TRICARE Region 4
111 G St.
Keesler AFB, MS 39534

USCG Liaison
TRICARE Region 1
6825 16th St. NW
Washington D.C. 20307

USCG Liaison
SouthEast - Dir
Bldg 38801
Fort Gordon, GA 30905

APPENDIX B

Public Health Service Officers

Chief, Basic Dental Unit U.S. Coast Guard ISC Ketchikan Ketchikan, AK 99901	Chief Health Services Division U.S. Coast Guard Base Sand Island Honolulu, HI 96819	Chief Health Services Division U.S. Coast Guard Group 2000 Connecticut Ave. North Bend, OR 97459
Staff Dental Officer USCG Headquarters Clinic 2100 Second St. S.W. Washington, DC 20593	Chief Health Services Division U.S. Coast Guard Group 2185 S.E. Airport Road Warrenton, OR 97146	Chief General Dental Unit USCG Dental Clinic Coast Guard AVTRACEN Mobile, AL 36608
Area/Reg Clinical Spec Consultant USCG, MLC Atlantic 300 Main St. Tower Norfolk, VA 23510	Staff Dental Clinical Specialist USCG, HLTH SVCS USCG Training Center Cape May, NJ 08204	Chief Health Services Division CDR AK, 17th USCG District P.O. Box 25517 Juneau, AK 99802
Chief General Dental Unit Kaehler Memorial Medical Clinic USCG Air Station Cape Cod Cape Cod, MA 02542	Chief Basic Dental Unit USCG Air Station Borinquen Aguadilla, PR 00604	Chief Health Services Division CG Support Center P.O. Box 8 San Pedro, CA 90731
Chief Health Services Division USCG Support Center 1519 Alaskan Way South Seattle, WA 98134	Chief Health Services Division U.S. Merchant Marine Academy Kings Point, NY 11024	Chief Health Services Division USCG Clinic USCG Training Center Yorktown, VA 23690
Chief Health Services Division USCG Support Center Clinic P.O. Box 2 Kodiak, AK 99619	Chief Health Services Division USCG Air Station Airport Access Road Travers City, MI 49686	Chief Basic Dental Unit USCG Support Center 427 Commercial St. Boston, MA 02109
Chief Health Services Division USCG Yard Curtis Bay Dental Clinic Baltimore, MD 21226	Deputy Chief/Clinical Program Director USCG Training Center Cape May, NJ 08204	Chief, Health Services Division USCG MLC Atlantic 300 Main St. Tower Norfolk, VA 23510
Chief Complex Dental Unit Portsmouth Clinic 4000 Coast Guard Blvd Portsmouth, VA 24703	Chief Health Services Division USCG Air Station Port Angeles, WA 98362	Chief Basic Dental Unit USCG Support Center Elizabeth City, NC 27909
Chief Health Services Division USCG Air Station Miami Opa Locka Airport Opa Locka, FL 33054	Senior Program Management Officer USCG Headquarters, Room 5314 2100 2nd St. S.W. Washington, DC 20593	Area Regional Dental Consultant Building 54-B Coast Guard Island Alameda, CA 94501
Chief General Dental Unit USCG Training Center Petaluma, CA 94952	Chief General Dental Unit USCG ISC 100 Mac Arthur Causeway Miami Beach, FL 33139	Chief Basic Dental Unit USCG Support Center 4640 Urquhart St. New Orleans, LA 70117

Chief Health Services Division Dental Clinic P.O. Box 1912 Galveston, TX 77553	Chief Health Services Division USCG Academy Hospital New London, CT 06320	Chief Basic Dental Unit USCG AIRSTA Clinic Sitka, AK 99835
Chief Health Services Division USCG AIRSTA Dental Clinic 15100 Rescue Way Clearwater, FL 34622	Chief Complex Dental Unit USCG TRACEN Dental Clinic Cape May, NJ 08204	Chief Complex Dental Unit USCG SUPCEN Coast Guard Island Alameda, CA 94501
Program Management Officer USCG OFC of Hlth&Safety, RM 5314 2100 Second St. S.W. Washington, DC 20593	Department Chief USCG 5th District 4000 Coast Guard Blvd Portsmouth, VA 23703	Department Chief USCG Health Services Division AVTRACEN Mobile, AL 36608
Chief Health Services Division USCG AIRSTA Kaehler Memorial Medical Clinic Cape Cod, MA 02542	Chief Health Services Division USCG RESTRACEN Yorktown, VA 23690	Medical Officer, QAB MLC Pacific (KQA), Bldg 54-B Coast Guard Island Alameda, CA 94501
Chief Health Services Division USCG Recieving Center USCG TRACEN Cape May, NJ 08204	Chief Health Services Division USCG SUPCEN 427 Commercial St. Boston, MA 02109	Clinical Specialty Consultant USCG Yard Medical Clinic Baltimore, MD 21226
Department Chief USCG SUPCEN P.O. Box 2 Kodiak, AK 99619	Chief of Health Services Division USCG ISC 4640 Urquhart St. New Orleans, LA 70117	Medical Consultant USCG Headquarters 2100 Second St. S.W. Washington, DC 20593
Chief of Health Services USCG SUPCEN Coast Guard Island Alameda, CA 94501	Chief Medical Officer USCG Chief Office of Health and Safety 2100 Second St. S.W. Washington DC 20593	Chief Health Services Division USCG AIRSTA Medical Clinic Clearwater, FL 34622
Chief Health Services Division USCG Base Medical Clinic Sand Island Honolulu, HI 96819	Senior Staff Medical Officer USCG, Nassif Bldg Medical Clinic Nassif Bldg, Rm 6301 Washington, DC 20590	Senior Clinical Specialist USCG Clinic USCG AIRSTA Sitka, AK 99835
Chief Health Services Division USCG Base Medical Clinic Ketchikan, AK 99901	Senior Staff Medical Officer USCG AIRSTA Opa Locka Airport Opa Locka, FL 33054	Chief Health Services Divison 17th Coast Guard District (AK) P.O. Box 25517 Juneau, AK 99802
Medical Officer, QAB USCG MLC Atlantic 300 Main St. Tower 10th floor, Norfolk VA 23510	Chief Health Services Division USCG AIRSTA Aguadilla, PR 00604	Chief Health Services Division USCG AIRSTA USCG SUPCEN Elizabeth City, NC 27909

Chief Health Services Division
USCG AIRSTA Humbolt Bay
McKinleyville, CA 95521

Senior Clinical Specialist
USCG Base
100 MacArthur Causway
Miami Beach, FL 33139

Senior Staff Medical Officer
USCG Medical SVCS, Infirmary
USCG AIRSTA
Port Angeles, WA 98362

Chief of Health Services Division
USCG Academy
15 Mohican Ave.
New London, CT 06320

Senior Staff Medical Officer
USCG ISC
P.O. Box 8, Terminal Island
San Pedro, CA 90731

Medical Officer III (Epidemiology)
USCG Headquarters
2100 Second St. S.W.
Washington, DC 20593

Senior Staff Medical Officer
USCG AIRSTA Astoria Clinic
2185 S.E. Airport Rd
Warrenton, OR 97146

Senior Clinical Specialist
USCG AIRSTA
2000 Connecticut Ave.
North Bend, OR 97459

Chief Health Services Division
USCG AIRSTA
Medical Clinic
Traverse City, MI 49684

Senior Clinical Nurse Specialist
MLC Atlantic (K)
300 Main St. Tower
Norfolk, VA 23510

Quality Assurance Program Manager
USCG Headquarters (GWKH)
2100 Second St. S.W.
Washington, DC 20593

Chief Quality Assurance Branch
USCG Headquarters (GWKH)
2100 Second St. S.W.
Washington, DC 20593

Area/Regional Pharmacy Consultant
USCG MLC (KA)
300 Main St. Tower
Norfolk, VA 23510

APPENDIX C

Warrant Officers

Warrant Officer - Medical Administration
USCG Headquarters (G-WKH)
Alcohol Program Administrator
2100 Second St. S.W.
Washington, DC 20593

Warrant Officer - Medical Administration
USCG Headquarters (G-WKH)
Clinical Support & QA Division
2100 Second St. S.W.
Washington, DC 20593

Warrant Officer - Medical Administration
USCG Headquarters (G-WKH)
Clinical Spt & QA Div Patient Affairs Office
2100 Second St. S.W.
Washington, DC 20593

Warrant Officer - Medical Administration
USCG MLC Pacific (KQA)
Quality Assurance Branch
Coast Guard Island
Alameda, CA 94501

Warrant Officer - Medical Administration
USCG MLC Pacific (KMA)
Medical Administration
Coast Guard Island
Alameda, CA 94501

Warrant Officer - Medical Administration
USCG MLC Pacific (FCP)
Medical Administration - Detached Duty
Coast Guard Island
Alameda, CA 94501

Warrant Officer - Medical Administration
USCG MLC Pacific (KMA)
Drug & Alcohol/HBA Duty
Coast Guard Island
Alameda, CA 94501

Warrant Officer - Medical Administration
USCG MLC Atlantic (KQA)
Quality Assurance Branch
300 Main St. Tower
Norfolk, VA 23510

Warrant Officer - Medical Administration
USCG MLC Atlantic (KMA)
Drug & Alcohol/HBA Duty
300 Mail St. Tower
Norfolk, VA 23510

Warrant Officer - Medical Administration
USCG MLC Atlantic (KMA)
Medical Administration Branch
300 Main St. Tower
Norfolk, Va 23510

Warrant Officer - Medical Administration
USCG MLC Atlantic (FCP)
Medical Administration Detached Duty
300 Main St. Tower
Norfolk, VA 23510

APPENDIX D

Enlisted Clinic Administrators

Enlisted Clinic Supervisors

Clinic Supervisor
USCG AIRSTA CAPE COD
Otis ANGB, MA 02542-5024

Clinic Administrator
USCG AIRSTA MIAMI
1500 NW 42nd Ave
Opa Locka, FL 33054-2397

Clinic Supervisor
USCG AIRSTA CLEARWATER
15100 Rescue Way
Clearwater, FL 34622-2990

Clinic Administrator
USCG AIRSTA BORINQUEN
Aquadilla, PR 00604-9999

Clinic Administrator
USCG AIRSTA TRAVERSE CITY
1174 Airport Access Rd
Traverse City, MI 49686-3586

Clinic Administrator
USCG GP/AIRSTA HUMBOLT BAY
McKinleyville, CA 95521-5000

Clinic Administrator
USCG AIRSTA PORT ANGELES
Port Angeles, WA 98362-0159

Clinic Administrator
USCG GP ASTORIA
2185 SE Airport Rd
Warrenton, OR 97146-9693

Clinic Administrator
USCG GP/AIRSTA NORTH BEND
2000 Connecticut Ave
North Bend, OR 97459-2399

Clinic Administrator
USCG AIRSTA SITKA
611 Airport Rd
Sitka, AK 99835-6500

Clinic Administrator
USCG ISC MIAMI
100 MacArthur Causway
Miami Beach, FL 33139-5101

Clinic Administrator
USCG ISC BOSTON
427 Commercial St
Boston, MA 02109-1027

Clinic Supervisor
USCG ISC PORTSMOUTH
4000 Coast Guard Blvd
Portsmouth, VA 23703-2199

Clinic Supervisor
USCG SUPRTCEN ELIZABETH CITY
Elizabeth City, NC 27909-5006

Clinic Administrator
USCG ISC NEW ORLEANS
4640 Urquhart St.
New Orleans, LA 70117-4698

Clinic Administrator
USCG 17TH DISTRICT
P.O. Box 25517
Juneau, AK 99802-5517

Clinic Administrator
USCG ISC KETCHIKAN
1300 Stedman St.
Ketchikan, AK 99901-6698

Clinic Supervisor
USCG ISC KODIAK
P.O. Box 195014
Kodiak, AK 99619-5000

Clinic Supervisor
USCG ISC SEATTLE
1519 Alaskan Way South
Seattle, WA 98134-1192

Clinic Supervisor
USCG ISC ALAMEDA
Coast Guard Island
Alameda, CA 94501-5100

Clinic Administrator
USCG ISC SAN PEDRO
P.O. Box 8 - Terminal Island
San Pedro, CA 90731-0208

Clinic Administrator
USCG ISC HONOLULU
Area 4, Sand Island Access Rd
Honolulu, HI 96819-4398

Clinic Supervisor
USCG ACADEMY
15 Mohegan Ave
New London, CT 06320-4195

Clinic Supervisor
USCG TRACEN PETALUMA
599 Tomales Rd
Petaluma, CA 94952-5000

Clinic Supervisor
USCG RESTRACEN YORKTOWN
York Town, VA 23590-5000

Clinic Supervisor
USCG ATC MOBILE
Mobile, AL 36608-9682

Clinic Supervisor
USCG TRACEN CAPE MAY
1 Munro Ave
Cape May, NJ 08204-5002

Clinic Supervisor
USCG YARD
2401 Hawkins Point Rd
Baltimore, MD 21226-1797

Clinic Supervisor
USCG HQ SUPPORT COMMAND
2100 Second St. S.W., Room B-811
Washington, DC 20593-0001

APPENDIX E

Commanding Officers
with Medical Facilities

Commanding Officer
USCG AIRSTA
Otis ANGB, MA 02542

Commanding Officer
USCG AIRSTA
Elizabeth City, NC 27909

Commanding Officer
USCG AIRSTA
15000 N.W. 42nd Ave
Opa Locka Airport
Opa Locka, FL 33054

Commanding Officer
USCG AIRSTA
15100 Rescue Way
Clearwater, FL 34622

Commanding Officer
USCG AIRSTA
Aquadilla, PR 00604

Commanding Officer
USCG AIRSTA
2000 Connecticut Ave
North Bend
OR, 97459

Commanding Officer
USCG AIRSTA
Barbers Point, HI 96862

Commanding Officer
USCG AIRSTA
2185 SE Airport Rd
Warrenton, OR 97146

Commanding Officer
USCG RESTRACEN
York Town, VA 23690

Commanding Officer
USCG TRACEN
Petaluma, CA 94952

Commanding Officer
USCG AVTRACEN
Mobile, AL 36608

Commanding Officer
USCG TRACEN
1 Munro Ave
Cape May, NJ 08204

Commanding Officer
USCG YARD
2401 Hawkins Point Rd
Baltimore, MD 21226

Superintendent
USCG Academy
15 Mohegan Ave.
New London, CT 06320

Coast Guard Liaison Officer
DODMRB
USAF Academy
Colorado Springs, CO 80840

APPENDIX F

Round I Cover Letter

Informational Paper

Delphi Round I Data Capture Form



DEPARTMENT OF DEFENSE
HEALTH SERVICES REGION IV
KEESLER AIR FORCE BASE, MISSISSIPPI 39534-2428

10 January 1999

Dear «Name» or current billet holder

I would appreciate your taking a few minutes to read the enclosed material and consider participating in a worthwhile Delphi Study. This research, entitled **"Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators"** will seek to identify the most critical issues and differentiate the job skill, knowledge, and ability requirements facing Coast Guard Health Care Administrators.

You were selected to participate in this study because of your recognized leadership and contributions to health care management in the Coast Guard. The importance of this study cannot be overstated since it will help to identify the critical issues of the future and will enable institutions of higher education to educate our future health care executives in the requisite skills. The research results, of course, will be shared with all of our federal colleagues throughout the military health care system.

Please read Enclosure (1) which discusses the objectives of the study. The second enclosure is the actual Delphi instrument. Please note that this is not a survey, but an effective means of assessing the judgment of a group of experts. Of course, your responses will be absolutely confidential. At no time will individual respondents be identified.

I appreciate your assistance and thank you in advance for your election to participate in this worthwhile project. If there are any questions or a need for clarification on any part of this research, please call me at (228)377 8170 or send E-mail to: snyder@datasync.com or snyder.guy@keesler.af.mil.

Very Respectfully,

Guy L. Snyder

G. L. Snyder
Lieutenant
U.S. Coast Guard
U.S. Army-Baylor University
Administrative Resident

consideration; and 3) the group generally achieves a consensus after a few rounds. It is anticipated that for this project only two rounds will be required.

How Long Will It Take?

It is anticipated that a total of no more than one hour of time over a three to four month period will be required to respond to two questionnaires. The first questionnaire will request one or two sentence answers to specific questions as well as suggestions for additional questions. In the subsequent questionnaire, the format will change to numerical responses, such as rating or ranking items. Upon receiving a questionnaire I would appreciate receiving your responses within a week in order to remain on schedule with this project.

Utility of Results

Through active participation panelists can play a significant role in the understanding of the critical competencies and skills required of Coast Guard health care administrators in today's managed care environment.

What Will The Results Be Used For?

The results of this project may be used in a multitude of ways. Some of the most likely uses of this data are: 1) Determination of likely candidates for assignment to health care administration billets, 2) Strategic planning for institutions of higher federal education as they plan future curriculum programs, and 3) As a template for Coast Guard officers, senior enlisted and civilian personnel desiring careers or advancement in the field of health care administration. An additional use will be to compare and contrast the results with the DOD Medical Service Corps identified competencies and skills and to publish the outcomes in a professional journal to add to the stream of research in this area.

For Further Information Please Contact:

Lieutenant Guy L. Snyder, USCG
U.S. Army-Baylor University Resident
DOD HSRIV, 111 G St.
Biloxi, MS 39534

(228) 377 8170 (comm)

597 8170 (DSN)

(228) 432 8170 (home)

E-mail: snyder@datasync.com or snyder.guy@keesler.af.mil

consideration; and 3) the group generally achieves a consensus after a few rounds. It is anticipated that for this project only two rounds will be required.

How Long Will It Take?

It is anticipated that a total of no more than one hour of time over a three to four month period will be required to respond to two questionnaires. The first questionnaire will request one or two sentence answers to specific questions as well as suggestions for additional questions. In the subsequent questionnaire, the format will change to numerical responses, such as rating or ranking items. Upon receiving a questionnaire I would appreciate receiving your responses within a week in order to remain on schedule with this project.

Utility of Results

Through active participation panelists can play a significant role in the understanding of the critical competencies and skills required of Coast Guard health care administrators in today's managed care environment.

What Will The Results Be Used For?

The results of this project may be used in a multitude of ways. Some of the most likely uses of this data are: 1) Determination of likely candidates for assignment to health care administration billets, 2) Strategic planning for institutions of higher federal education as they plan future curriculum programs, and 3) As a template for Coast Guard officers, senior enlisted and civilian personnel desiring careers or advancement in the field of health care administration. An additional use will be to compare and contrast the results with the DOD Medical Service Corps identified competencies and skills and to publish the outcomes in a professional journal to add to the stream of research in this area.

For Further Information Please Contact:

Lieutenant Guy L. Snyder, USCG
U.S. Army-Baylor University Resident
DOD HSRIV, 111 G St.
Biloxi, MS 39534

(228) 377 8170 (comm)

597 8170 (DSN)

(228) 432 8170 (home)

E-mail: snyder@datasync.com or snyder.guy@keesler.af.mil

DELPHI ROUND I**Executive Competencies and Skills Required by
United States Coast Guard Health Care Administrators**

*****Please complete and return this questionnaire in the enclosed preaddressed envelope as soon as possible.

Instructions: Specifically, list what you consider to be the **TOP FIVE** issues that Coast Guard health care administrators (HCA) will encounter in the next five to ten years. Define the problems or issues as clearly as possible (in more than categorical terms). An example of the kind of issues we are seeking might be: "Management of vender contracts".

Next, for each of the identified issues, list what you consider to be the requisite skills, knowledge, or abilities that will be needed to deal with each of the health care administrative issues. To follow the previous example; the skills, knowledge, or abilities to meet this need may include emphasis on negotiating, interpersonal relations, communication, computing, forecasting, or cost analysis.

THANK YOU FOR YOU TIME AND COOPERATION.

<u>Top Five HCA Issues</u>	<u>Skills, Knowledge, or Abilities</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Additional Comments:

APPENDIX G

Round I Reminder Letter



DEPARTMENT OF DEFENSE
HEALTH SERVICES REGION IV
KEESLER AIR FORCE BASE, MISSISSIPPI 39534-2428

21 JAN 99

Dear addressee:

About ten days ago I mailed you a Delphi study on Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators.

If you have already returned the Delphi Round I response - **THANK YOU** and please disregard this letter.

If you have not returned the Delphi Round I response - PLEASE do so in the next day or two.

So far the return rate has been about 4%. In-as-much as this study will be published, I believe it will be a poor reflection on Coast Guard health care and health care management if the return rate is dismal.

If it is more convenient for you, you can return your response via e-mail to the following address: snyder.guy@keesler.af.mil

THANK YOU FOR YOUR VALUED PARTICIPATION!

Guy L. Snyder

Guy L. Snyder
Lieutenant, USCG
U.S. Army-Baylor University
Graduate Resident in
Health Care Administration

APPENDIX H

Identified Health Care Administration Issues

Ability to predict the future in 5-10 yrs
Accurate budget build
Actual cost of healthcare
Adapting to TRICARE
Adequate funding
AFC 57 budget
AFC 57 Costs for PHS providers
Availability of qualified personnel
Availability of specialty healthcare services
Baldrige measurement and methods
Base closures
Beneficiary choice in plans / less reliance on direct care system
Billing
Billing
Budget
Budget
Budget
Budget assessment
Budget constraints
Budget issues
Budget issues
Budget management
Budget management
Budget restraints
Budgetary constraints
Budgets
Business
CHCS – DOD information systems
CHCS connectivity with DOD to allow specialty referrals
Chief, health services divisions administrator empowered to manage the clinic
Civilian hospital care and AD case management
Civilian personnel
Civilian providers
Claims processing
CLAMS II
Clear directives from MLC/HQ level
Clearly defining roles of CG health administrators
Clinic leadership – who is in charge
Clinic management
Communication
Communication between MLC/HQ/COs
Competing with PCMS for dependent patients
Computer issues
Computer knowledge
Computer skills
Computer systems
Computerized records
Conflicts in prioritizing AD vs DEP medical care
Continuing education for healthcare providers

Contract personnel management
Contracting
Contracting
Contracting officers representative
Contracts
Contracts with private sector for specialized care
Cost containment
Cost overruns
Customer relations
Data bases
Data management
Data utilization
Database administration
Decreased budget
Decreased budget
Decreased staff
Decreased staffing
Decreasing budgets
Decreasing resources
Decreasing workforce pool
Define the end result and the continually focusing on this end
Defined roles
Delegation of authority
Delivery of healthcare
Dental assistant retention
Dependent/Retired and active duty care
Development/management of a integrated medical information system
Difficulty maintaining state of art care without money
DOD coordination
DOD retiree dependent HC at CG clinics reimbursement system
DOD/CG healthcare integration
Education
Effective operational support
Efficient access to care
Ensuring accurate data capture analysis
Equipment update and repair
Establish/integrate USCG HCFs with TRICARE
Establishment of electronic medical information computer system compatible with DOD
Evaluations
Ever changing HC demands
Field support
Finance
Financial management
Fiscal and commercial
Fiscal management
Fiscal management
Forming cohesive teams
Funding
Funding shortage
Funding/cost containment

GSU
Have CG define HCA as independent career path
HBA knowledge
HCA structure
Health benefits advice
Health care benefits advice
Health insurance contract management
Healthcare finance
Healthcare in remote areas
Healthcare standards
Highly skilled PC user
HMOs
HS education and career development
HS training
Identifying cost saving opportunities
IM/IT
Implementing MIS management tools
Implementing TRICARE for AD CG
Improve data gathering
In depth knowledge of HMO systems
Increased leveraging of technologies
Increased number of provider contracts
Increasing operational tempo
Inexperienced leadership
Information management
Information management
Information systems
Information systems
Information technology
Insufficient training – Continuing education
Integrating with DOD health care system
Integration of managed care into CG
Integration of TRICARE
Integration of TRICARE Prime
Integration with DOD force protection application system
Interacting with civilian healthcare
Interaction with TRICARE and AD care agents at the input
Interagency partnering
Interagency relations
Justification of CG health care resources (clinics)
Lack of adequate funding
Lack of training
Leadership
Leadership and communication
Leadership development
Leadership skills
Legal issues
Loss of beneficiary population
Maintaining quality assurance program
Maintaining quality in environment that is not conducive

Maintaining standards of care
Managed care
Managed care
Managed care delivery system
Managed care evolution
Managed care initiatives
Management Information Systems
Management information systems
Management information systems development
Management of active duty care
Management of CG issues not related to medical issues
Management of contract workers
Management of contracts
Management of contracts
Management of decreasing issues, personnel, funds...
Management of healthcare personnel
Management of IDTs
Management of managed care
Management of outsourcing contracts
Management of personnel
Management of providers outside the network
Management of specialty provider contracts
Management of staff
Management of TRICARE issues
Management of vender contracts
Management of vendor contracts
Management skills – motivation, interpersonal relations
Managing clinical costs
Managing contract healthcare providers
Managing human resources
Marketing
Matching CG credentials with civilian counterparts
MEDEVAC communication
Medical boards
Medical cost control
Medical experience/admin experience
Medical information management
Medical information systems
Medical manual
Medical office business practices
Medical oversight of active duty
Meeting HIPPA requirements
Mental health eval/rx
Merging CG healthcare system into the global healthcare system
MIS data accuracy
MLC centralization
Money / Budget
No corporate knowledge
No medical service corps
Not reinventing the wheel

Obtaining specialty care at DOD and civilian facilities
Operational experience
Optimal Lab and Drug use
Oral communication
Orienting clinics to readiness support
Outcome driven medical quality assurance
Outsourcing of CG medical functions
Oversight of MCSC contract compliance
Paperwork management
Participating in TRICARE
PCM
PCS transfers / militarism
Performance management
Personality conflict
Personnel
Personnel
Personnel
Personnel competency
Personnel gaps
Personnel management
Personnel management
Personnel management
Personnel management
Personnel management
Personnel management
Personnel retention
Personnel shortage
Pharmacy costs
Policies disregarded because of rank
Policy writing
Prescribed care guidelines
Prescription drugs
Pressure on budget constraints
Prevention
Primary care delivery
Primary care/managed care
Prime vendor
Prime vendor program
Prior medical knowledge
Privatization
Professional recruiting
Program knowledge
Program marketing
Program vision
Proper provider utilization
Protecting providers (legal issues)
Provider/Lead Agent relationship
Provision of optimal medical care
Public relations
Quality assurance

Quality assurance
Quality assurance
Quality assurance
Quality assurance
Quality assurance
Readiness staffing requirements
Recruiting HC professionals
Recruitment and placement of qualified providers
Reduced resources
Referral to specialties
Referrals
Relationship with DOD – CHCS
Resource management
Resource management
Resource management
Resource management – budgetary
Resource management – personnel
Resources / funding
Retaining quality staff
Retention
Retirees and dependants
Risk management
Role of HCA/manager
Running clinics on business footing
Shortage of providers
Skill level of HS“a” graduates
Source comparison: Fed vs Civ
Specialist referrals
Specialty care
Staff training
Staffing
Staffing
Staffing issues
Statistical analysis of healthcare data
Strategic planning
Supplemental funds
Switch from delivery to contractors
Systems management
Technical advances
Time management
Time management
To many non-medical people running the show
Total contracting for healthcare
Training
Training
Training / schooling
Training and education
Training enlisted personnel
Training of health care personnel
Training shortage

Transfer of healthcare to other branches of military or civilian sources
TRICARE
TRICARE
TRICARE
TRICARE – HMO
TRICARE / Insurance's
TRICARE active duty integration
TRICARE co-payment not enough coverage
TRICARE in isolated sites
TRICARE insurance
TRICARE knowledge
TRICARE managed healthcare for AD
TRICARE participation
TRICARE participation
Under trained jr. personnel
Understanding best business practices
Understanding the CG mission
Uniform benefit for CG under TRICARE
Verbal communication
Work force management
Written communication
Written communication
Y2K
Y2K

APPENDIX I

Expert Panel Confidence Rating Scale

Expert Panel Reliability Ratings

EXPERT PANEL CONFIDENCE RATING SCALE

Domain: _____

On the below scale from 1 to 7, please rate how confident you are with the groups selection accuracy of this domain.

Extremely unconfident

Extremely confident

1

2

3

4

5

6

7

EXPERT PANEL RELIABILITY RATINGS

<u>Domain</u>	<u>SKA Items Rated</u>	<u>Cronbach's Alpha</u>
Managed Care	12	.97
Cost/Finance	9	1.00
Personnel	10	.97
Technology	7	.91
Business	4	.86
Strategic Mgt.	7	.83
Quality	7	.97
Leadership	11	.86
Education	9	.91
Healthcare Delivery	7	.83
Readiness	4	.89
Access	4	.91
Professional Staff Relations	4	.89
Marketing	4	.94
Ethics	2	.91
<hr/>		
Totals		
15	101	---

APPENDIX J

Round II Cover Letter

Round I Feedback

Demographic Data Capture Form

Final Round Data Capture Form



DEPARTMENT OF DEFENSE
HEALTH SERVICES REGION IV
KEESLER AIR FORCE BASE, MISSISSIPPI 39534-2428

18 February 1999

Dear participant:

Enclosed are the first round results of the Delphi study entitled "**Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators.**" As you may recall, this research seeks to identify the most critical issues and differentiate the job skill, knowledge, and ability requirements facing Coast Guard Health Care Administrators.

As promised, I intend to provide as much feedback as possible. Accordingly, I think the enclosed results will be of interest to you since it provides the first round's detailed responses from all of the participants. I am very appreciative for the prompt and thorough responses that led to approximately a 46 percent return rate; a rate that is quite reasonable given the type of research methodology used.

Regardless of whether you responded to the first round questionnaire, I now request that you take a few minutes to complete and return the final round and the demographic data sheet. Although the questionnaire is longer than the first one, you will be able to complete it more quickly because the format only requests numerical responses. **I would really appreciate you returning the questionnaire within one week from receipt - THANK YOU IN ADVANCE!**

Thank you again for your valuable time. Participating in this project may help benchmark the direction of executive skill education in Coast Guard Health Care Administration for the next decade.

If there are any questions or a need for clarification on any part of this research, please call me at (228)377 8170 or send an E-mail to: snyder@datasync.com or snyder.guy@keesler.af.mil.

Very Respectfully,

Guy L. Snyder

G. L. Snyder
Lieutenant
U.S. Coast Guard
U.S. Army-Baylor University
Administrative Resident

ROUND I FEEDBACK

Once again, **THANK YOU** for your interest and participation in this research project. These first round feedback results are provided for your information and are preliminary in nature.

Sample size	147
Undeliverable mail	1
n used for research	146
1 st round returns	67
Return rate	46%
Issues identified by respondents	323
Domains	15
Frequency of issues	343*

*Issues falling into multiple domains 20

The domain (categorized) issues identified by an expert panel are listed below. The value in the parentheses is the frequency (number of times that a particular issue was identified) for that item.

Managed Care Issues

	Percent of total frequencies
Issues identified (8)	
Frequency of issues (53)	15.5%
Integrating TRICARE into CG (27)	
Loss of beneficiary population	
Managed care concepts (11)	
Management of AD care (2)	
Managing clinical costs	
Managing contract healthcare providers (3)	
Primary care (3)	
Referrals (5)	

Cost/Finance IssuesPercent of
total frequencies*Issues identified (6)**Frequency of issues (50)*

14.6%

Adequate funding (16)

Billing (5)

Budgeting (23)

Equipment update and repair

Justification of CG healthcare resources (clinics)

Managing clinical costs (4)

Personnel IssuesPercent of
total frequencies*Issues identified (9)**Frequency of issues (43)*

12.5%

Availability of qualified personnel (20)

Evaluations

Have CG define HCA as independent career path (2)

Management of IDTs

PCS transfers

Performance management

Personnel (3)

Personnel management (12)

Role of administrator (2)

Technology IssuesPercent of
total frequencies*Issues identified (10)**Frequency of issues (39)*

11.4%

CHCS - DOD connectivity (5)

CLAMS II

Computer knowledge/skills (7)

Computerized records

Data accuracy (3)

Statistical analysis of healthcare data (2)

System/information management (15)

Technical advances (2)

MEDEVAC communication

Y2K (2)

Leadership IssuesPercent of
total frequencies*Issues identified (10)**Frequency of issues (31)*

9%

Ability to predict the future in 5-10 years
 Clear directives from MLC/HQ level (4)
 Clinic management
 Communication (6)
 Decreased staffing
 DOD coordination (5)
 Leadership skills (9)
 Management of CG issues not related to medical issues
 Matching CG credentials with civilian counterparts
 Time management (2)

Education IssuesPercent of
total frequencies*Issues identified (7)**Frequency of issues (29)*

8.5%

HBA knowledge (3)
 Highly skilled PC user
 Matching CG credentials with civilian counterparts
 Operational experience
 Prior medical knowledge (2)
 Program knowledge (5)
 Training issues (16)

Business IssuesPercent of
total frequencies*Issues identified (5)**Frequency of issues (24)*

7%

Management of contracts (13)
 Business practices (4)
 Paperwork management
 Prime vendor (2)
 Source comparison: Fed vs Civ (4)

Strategic Management IssuesPercent of
total frequencies***Issues identified (8)******Frequency of issues (17)*****5%**

Baldrige measurement and methods

Decreasing resources (2)

DOD/CG healthcare integration (2)

MLC centralization

No medical service corps (2)

Policy writing

Provision of optimal medical care (3)

Strategic planning (5)

Quality IssuesPercent of
total frequencies***Issues identified (5)******Frequency of issues (15)*****4.4%**

Baldrige measurement and methods

Prescribed care guidelines

Proper provider utilization

Protecting providers (legal issues)

Quality assurance (11)

Healthcare Delivery IssuesPercent of
total frequencies***Issues identified (8)******Frequency of issues (11)*****3.2%**

Actual cost of healthcare

Availability of specialty healthcare services

Competing with PCMs for dependent patients

Delivery of healthcare (2)

Dependent/retired and active duty care (3)

Difficulty maintaining state of art care with money

Integration with DOD force protection application system

MEDEVAC communication

Readiness Issues

	Percent of total frequencies
<i>Issues identified (4)</i>	
<i>Frequency of issues (8)</i>	2.3%
Increased operational tempo	
Medical oversight of active duty (3)	
Orienting clinics to readiness support (3)	
Readiness staffing requirements	

Access Issues

	Percent of total frequencies
<i>Issues identified (5)</i>	
<i>Frequency of issues (7)</i>	2%
Availability of specialty healthcare services (2)	
Civilian hospital care and AD case management	
Efficient access to care	
Healthcare in remote areas (2)	
Retirees and dependants	

Professional Staff Relations Issues

	Percent of total frequencies
<i>Issues identified (3)</i>	
<i>Frequency of issues (7)</i>	2%
Interacting with civilian healthcare (3)	
Managing contract healthcare providers (2)	
Too many non-medical people running the show (2)	

Marketing Issues

	Percent of total frequencies
<i>Issues identified (5)</i>	
<i>Frequency of issues (7)</i>	2%
Base closures	
Beneficiary choice in plans - less reliance on direct care	
Dependent/retired and active duty care	
Education	
Program marketing (3)	

Ethics Issues

	Percent of total frequencies
<i>Issues identified (2)</i>	
<i>Frequency of issues (2)</i>	.06%
Healthcare standards	
Legal issues	

DEMOGRAPHIC DATA**Delphi Respondents**

Please take a moment to complete the following items
(Fill in, X or Circle).

❖ Age: _____

❖ Gender: Female or Male

❖ Rank or Grade: _____

❖ Title/Position

(i.e. CO, XO, SMO, SDO, Clinic Administrator,
Clinic Supervisor, MLC/HQ Staff)

❖ Educational Background: Please "X" all of the appropriate blocks.

Professional Degree	_____
Bachelor's Degree	_____
Master's Degree	_____
Doctorate Degree	_____
Other	_____

❖ Years of experience in health care: _____

❖ Years of experience in health care administration: _____

❖ Membership in health care or management professional organizations: _____
(i.e. AAMA, ACHE, MGMA)

❖ If a member of a health care professional organization what is your status: _____
(i.e. Member, Fellow)

THANK YOU FOR YOUR ASSISTANCE!

FINAL ROUND

Executive Competencies and Skills Required by United States Coast Guard Health Care Administrators

A panel of DOD Medical Service Corps executives assisted in grouping the issues from the first round of the Delphi study into the domains or categories listed below. On the following pages are questions that apply to the respective domains identified. Please rate the **RELATIVE IMPORTANCE** of all of the skills, knowledge, and abilities (SKAs) using the 7-point scale provided to the right of the items.

<u>Issue Domains</u>	<u># of unique issues</u>	<u>Frequency</u>	<u>SKA</u>
Managed Care	08	53	12
Cost/Finance	06	50	09
Personnel	09	43	10
Technology	10	39	07
Leadership	10	31	11
Education	07	29	09
Business	05	24	04
Strategic mgt.	08	17	07
Quality	05	15	07
Healthcare delivery	08	11	07
Readiness	04	08	04
Access	05	07	04
Pro staff Relations	03	07	04
Marketing	05	07	04
Ethics	02	02	02
Totals	95	343	101

When the data analysis is complete, you will be provided with a copy of the final results of the study. Again, thank you for your time and cooperation.

PLEASE TURN OVER TO
COMPLETE THE FINAL ROUND

PLEASE RATE ALL of the following Skills, Knowledge, and Abilities according to how important you think they are for a Coast Guard Healthcare Administrator to know/understand. Indicate your answers by circling the appropriate number.

Questions 1 - 12 Managed Care Issues

Rating Scale

1=Unimportant 7=Extremely Important

1. Understanding of Healthcare plans	1	2	3	4	5	6	7
2. In-depth knowledge of TRICARE program	1	2	3	4	5	6	7
3. Knowing Population demographics	1	2	3	4	5	6	7
4. Being able to manage clinical costs	1	2	3	4	5	6	7
5. Contracting skills	1	2	3	4	5	6	7
6. Understanding Primary Care Manager concept	1	2	3	4	5	6	7
7. Knowledge of referral system	1	2	3	4	5	6	7
8. Active Duty medical care requirements	1	2	3	4	5	6	7
9. Thorough knowledge of Managed Care	1	2	3	4	5	6	7
10. Knowledge of Federal and State requirements	1	2	3	4	5	6	7
11. How to process healthcare claims	1	2	3	4	5	6	7
12. Healthcare customer relations skills	1	2	3	4	5	6	7

Questions 13 - 21 Cost/Finance Issues

Rating Scale

1=Unimportant 7=Extremely Important

1. Ability to create and manage a budget	1	2	3	4	5	6	7
2. Understanding of healthcare financing	1	2	3	4	5	6	7
3. Knowledge of billing procedures	1	2	3	4	5	6	7
4. Ability to contain costs	1	2	3	4	5	6	7
5. Understanding of equipment repair and maintenance issues	1	2	3	4	5	6	7
6. Knowledge of funding sources	1	2	3	4	5	6	7
7. Understanding of DOD reimbursement system	1	2	3	4	5	6	7

8. General fiscal management skills	1	2	3	4	5	6	7
9. Understanding of medical services costs (i.e. pharmacy, lab, x-ray)	1	2	3	4	5	6	7

Questions 22 - 31 Personnel Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. Thorough understanding of CG military Personnel System	1	2	3	4	5	6	7
2. Ability to evaluate personnel	1	2	3	4	5	6	7
3. Civilian personnel management skills	1	2	3	4	5	6	7
4. Understanding of civilian personnel system	1	2	3	4	5	6	7
5. Knowledge of IDT program	1	2	3	4	5	6	7
6. Need for a defined Healthcare Administrator career path designation	1	2	3	4	5	6	7
7. Ability to influence personnel assignments based on qualifications	1	2	3	4	5	6	7
8. Knowledge of healthcare professional recruiting techniques	1	2	3	4	5	6	7
9. Personnel retention knowledge and skills	1	2	3	4	5	6	7
10. Ability to schedule personnel	1	2	3	4	5	6	7

Questions 32 - 38 Technology Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. Understanding of CHCS	1	2	3	4	5	6	7
2. Ability to access CHCS	1	2	3	4	5	6	7
3. Having high level computer skills	1	2	3	4	5	6	7
4. Ability to analyze data	1	2	3	4	5	6	7
5. Understanding of data accuracy	1	2	3	4	5	6	7
6. Ability to keep abreast of technological advances	1	2	3	4	5	6	7
7. Understanding of computer systems and usage	1	2	3	4	5	6	7

Questions 57 - 67 Leadership Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. Ability to communicate orally	1	2	3	4	5	6	7
2. Written communication skills	1	2	3	4	5	6	7
3. Ability to manage time	1	2	3	4	5	6	7
4. Ability to form cohesive teams	1	2	3	4	5	6	7
5. Knowledge of how DOD functions	1	2	3	4	5	6	7
6. Interagency partnering and relations skills	1	2	3	4	5	6	7
7. Ability to develop leaders	1	2	3	4	5	6	7
8. Listening skills	1	2	3	4	5	6	7
9. Ability to motivate personnel	1	2	3	4	5	6	7
10. Skills to deal with non-medical issues	1	2	3	4	5	6	7
11. Ability to handle conflict	1	2	3	4	5	6	7

Questions 68 - 76 Education Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. Ability to conduct efficient training	1	2	3	4	5	6	7
2. Being a highly skilled computer user	1	2	3	4	5	6	7
3. Having a medical background	1	2	3	4	5	6	7
4. Knowledge of the Coast Guard medical system prior to assignment to Admin duties	1	2	3	4	5	6	7
5. Understanding of HS training	1	2	3	4	5	6	7
6. Knowledge of health benefits	1	2	3	4	5	6	7
7. Need to attend HBA training	1	2	3	4	5	6	7
8. Requirement for external training such as JACHO, CLIA, TQM...	1	2	3	4	5	6	7
9. Need for an advanced degree in Healthcare Administration	1	2	3	4	5	6	7

Questions 39 - 42 Business Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. Ability to manage contracts	1	2	3	4	5	6	7
2. Understanding of common business practices	1	2	3	4	5	6	7
3. Knowledge of source comparison techniques	1	2	3	4	5	6	7
4. Office management skills	1	2	3	4	5	6	7

Questions 43 - 49 Strategic Management Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. How to write policy	1	2	3	4	5	6	7
2. How to develop a strategic plan	1	2	3	4	5	6	7
3. Coping with dwindling resources	1	2	3	4	5	6	7
4. Ability to work cooperatively with DOD	1	2	3	4	5	6	7
5. Ability to stay competitive with peers (Line Officers)	1	2	3	4	5	6	7
6. Plan for future healthcare needs	1	2	3	4	5	6	7
7. Ability to work for two masters (MLC and CO)	1	2	3	4	5	6	7

Questions 50 - 56 Quality Issues**Rating Scale****1=Unimportant 7=Extremely Important**

1. Being able to measure quality	1	2	3	4	5	6	7
2. Understanding of Quality Assurance program	1	2	3	4	5	6	7
3. JACHO standards	1	2	3	4	5	6	7
4. Knowledge of prescribing guidelines	1	2	3	4	5	6	7
5. Knowing how to deal with legal issues	1	2	3	4	5	6	7
6. Provider credentials and privileges	1	2	3	4	5	6	7
7. Knowledge of provider types and scope of practice	1	2	3	4	5	6	7

Questions 77 - 83 Healthcare Delivery Issues**Rating Scale****1=Unimportant 7=Extremely Important**

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Knowledge of how healthcare is delivered | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Cost of healthcare | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Understanding force protection and prevention | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Ability to locate specialty care | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Ability in obtain/influence patient mix (i.e. Dependent/Retiree care) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Understanding of MEDEVAC issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Knowledge of medical equipment needs | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Questions 84 - 87 Readiness Issues**Rating Scale****1=Unimportant 7=Extremely Important**

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Understanding operational tempo | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Active Duty medical standards | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Readiness staffing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Requirements to support operational mission | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Questions 88 - 91 Access Issues**Rating Scale****1=Unimportant 7=Extremely Important**

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Knowledge of access standards | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Geographically Separated Unit healthcare issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. How to access specialty care in DOD and civilian facilities | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Understanding case management | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Questions 92 - 95 Professional Staff
Relations Issues

Rating Scale

1=Unimportant 7=Extremely Important

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Ability to interact with providers | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Contract management skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Understanding differences between military and civilian systems | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Knowledge of Lead Agent responsibilities | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Questions 96 - 99 Marketing Issues

Rating Scale

1=Unimportant 7=Extremely Important

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. Ability to market program | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Understanding consumer needs/desires | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Identifying competition | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Impact of base closures | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Questions 100 - 101 Ethics Issues

Rating Scale

1=Unimportant 7=Extremely Important

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Understanding of healthcare standards | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Knowledge of legal concepts | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX K

Round II Descriptive Statistics

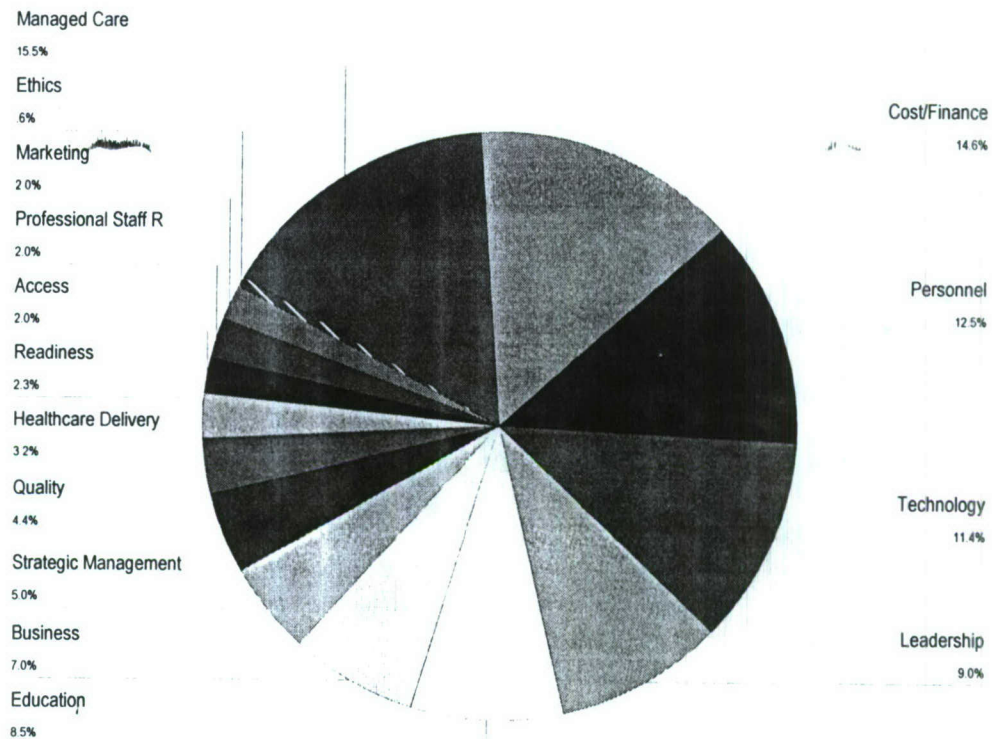
Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Q58	87	1.00	7.00	6.4713	.8330
Q64	87	1.00	7.00	6.4368	.8983
Q57	87	1.00	7.00	6.3793	.8792
Q8	87	1.00	7.00	6.3448	.9502
Q13	87	1.00	7.00	6.2874	.9989
Q85	87	1.00	7.00	6.2529	1.0025
Q2	87	1.00	7.00	6.2414	1.0780
Q67	87	1.00	7.00	6.2414	.9996
Q92	87	1.00	7.00	6.2299	.9239
Q12	86	1.00	7.00	6.2209	.9988
Q87	87	1.00	7.00	6.1839	1.0402
Q60	87	1.00	7.00	6.1609	1.0770
Q59	87	1.00	7.00	6.1494	.9588
Q45	86	1.00	7.00	6.1163	.9752
Q65	87	1.00	7.00	6.0920	1.1476
Q46	87	1.00	7.00	6.0920	1.0525
Q36	87	3.00	7.00	6.0460	.9389
Q35	87	1.00	7.00	6.0230	1.0227
Q51	87	1.00	7.00	6.0230	1.1511
Q71	87	1.00	7.00	6.0115	1.1663
Q90	87	1.00	7.00	6.0115	1.0172
Q33	85	2.00	7.00	6.0000	1.0690
Q77	87	1.00	7.00	5.9885	1.0057
Q73	87	1.00	7.00	5.9885	.9823
Q89	86	2.00	7.00	5.9535	1.1157
Q100	86	1.00	7.00	5.9535	1.1571
Q84	87	1.00	7.00	5.9310	1.0092
Q7	87	1.00	7.00	5.9195	1.1434
Q4	87	1.00	7.00	5.8736	1.1594
Q86	87	2.00	7.00	5.8736	1.1186
Q78	87	1.00	7.00	5.8621	1.1015
Q48	87	1.00	7.00	5.8621	1.0362
Q6	87	1.00	7.00	5.8506	1.1261
Q34	87	2.00	7.00	5.8391	1.0551
Q72	87	2.00	7.00	5.8391	1.0770
Q23	87	1.00	7.00	5.8276	1.0913
Q27	87	2.00	7.00	5.8161	1.3600
Q32	85	2.00	7.00	5.8118	1.1073
Q74	87	3.00	7.00	5.8046	1.1293
Q42	87	1.00	7.00	5.7931	1.0905
Q97	87	1.00	7.00	5.7816	1.2706
Q49	87	1.00	7.00	5.7701	1.4200
Q16	87	1.00	7.00	5.7701	1.1279
Q18	87	1.00	7.00	5.7586	1.2004
Q20	81	1.00	7.00	5.7531	1.1240
Q63	87	1.00	7.00	5.7471	1.2125
Q93	85	1.00	7.00	5.7176	1.1507
Q38	87	1.00	7.00	5.7126	1.0665
Q50	87	1.00	7.00	5.7126	1.1403
Q26	86	2.00	7.00	5.7093	1.1769
Q68	87	1.00	7.00	5.6782	1.0510

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Q91	87	1.00	7.00	5.6667	1.1581
Q88	86	1.00	7.00	5.6628	1.0245
Q80	87	1.00	7.00	5.6552	1.1697
Q43	87	3.00	7.00	5.6552	1.0210
Q28	86	1.00	7.00	5.6512	1.3614
Q37	87	3.00	7.00	5.6437	.9880
Q94	87	1.00	7.00	5.6437	1.2293
Q62	87	3.00	7.00	5.6322	1.0129
Q14	87	1.00	7.00	5.6322	1.2019
Q21	82	1.00	7.00	5.6220	1.0017
Q1	87	2.00	7.00	5.6207	1.2690
Q44	87	1.00	7.00	5.6092	1.2042
Q9	87	2.00	7.00	5.6092	1.0822
Q24	86	2.00	7.00	5.6047	1.0658
Q70	87	1.00	7.00	5.5862	1.2900
Q54	87	2.00	7.00	5.5862	1.0179
Q66	87	1.00	7.00	5.5747	1.0302
Q79	84	3.00	7.00	5.5714	1.0674
Q101	86	1.00	7.00	5.5116	1.2053
Q83	87	2.00	7.00	5.5057	1.0441
Q47	83	1.00	7.00	5.4940	1.5010
Q22	87	1.00	7.00	5.4828	1.2282
Q69	86	2.00	7.00	5.4767	1.1348
Q82	86	2.00	7.00	5.4302	1.1012
Q40	87	2.00	7.00	5.4253	1.1577
Q95	87	1.00	7.00	5.4253	1.1875
Q56	86	2.00	7.00	5.4070	1.2497
Q39	87	2.00	7.00	5.4023	1.1254
Q30	87	1.00	7.00	5.3678	1.3217
Q61	87	2.00	7.00	5.3448	1.0210
Q81	86	2.00	7.00	5.3140	1.1506
Q25	87	2.00	7.00	5.3103	1.3666
Q53	87	3.00	7.00	5.3103	1.1341
Q31	87	1.00	7.00	5.2874	1.2474
Q15	87	2.00	7.00	5.2874	1.2751
Q55	87	2.00	7.00	5.2759	1.2170
Q19	86	1.00	7.00	5.2442	1.3100
Q3	87	2.00	7.00	5.2069	1.1628
Q75	86	1.00	7.00	5.1860	1.4101
Q41	85	1.00	7.00	5.1059	1.1446
Q99	87	1.00	7.00	5.0805	1.5036
Q96	87	1.00	7.00	5.0460	1.5012
Q11	87	2.00	7.00	5.0230	1.3638
Q10	86	1.00	7.00	5.0000	1.3805
Q76	87	2.00	7.00	4.9655	1.3334
Q17	87	2.00	7.00	4.9655	1.1659
Q5	87	1.00	7.00	4.9540	1.4052
Q52	86	1.00	7.00	4.8256	1.4728
Q29	86	1.00	7.00	4.5930	1.4743
Q98	87	1.00	7.00	4.4943	1.6130
Valid N (listwise)	63				



Frequencies of Identified HCA Domains

APPENDIX L

Top 10 (Most Important) SKAs

Bottom 10 (Least Important) SKAs

TOP 10 (MOST IMPORTANT) SKAs

<u>Rank</u>	<u>Question/Issue</u>	<u>Domain</u>	<u>Mean</u>	<u>Std Dev</u>
#1	Q58: Written communication skills	Leadership	6.4713	.8330
#2	Q64: Listening skills	Leadership	6.4368	.8983
#3	Q57: Ability to communicate orally	Leadership	6.3793	.8792
#4	Q08: Active duty medical care requirements	Managed Care	6.3448	.9502
#5	Q13: Ability to create and manage a budget	Cost/Finance	6.2874	.9989
#6	Q85: Active duty medical standards	Readiness	6.2529	1.0025
#7*	Q02: In-depth knowledge of TRICARE Program	Managed Care	6.2414	1.0780
	Q67: Ability to handle conflict	Leadership	6.2414	.9996
#8	Q92: Ability to interact with providers	Pro Staff	6.2299	.9239
#9	Q12: Healthcare customer relations skills	Managed Care	6.2209	.9988
#10	Q87: Requirements to support operational mission	Readiness	6.1839	1.0402

* Equally ranked item(s)

BOTTOM 10 (LEAST IMPORTANT) SKAs

<u>Rank</u>	<u>Question/Issue</u>	<u>Domain</u>	<u>Mean</u>	<u>Std Dev</u>
#101	Q98: Identify competition	Marketing	4.4943	1.6130
#100	Q29: Knowledge of healthcare professional recruiting techniques	Personnel	4.5930	1.4743
#99	Q52: JACHO standards	Quality	4.8256	1.4728
#98	Q05: Contracting skills	Managed Care	4.9540	1.4052
#97*	Q17: Understanding of equipment repair and maintenance issues	Cost/Finance	4.9655	1.1659
	Q76: Need for an advanced degree in healthcare administration	Education	4.9655	1.3334
#96	Q10: Knowledge of federal and state requirements	Managed Care	5.0000	1.3805
#95	Q11: How to process healthcare claims	Managed Care	5.0230	1.3638
#94	Q96: Ability to market program	Marketing	5.0460	1.5012
#93	Q99: Impact of base closures	Marketing	5.0805	1.5036
#92	Q41: Knowledge of source comparison techniques	Business	5.1059	1.1446

* Equally ranked item(s)